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STATE OF COLORADO FY	2013-14	
Benefit	Current HMO	Current High Deductible Plan with HSA Option
Annual Deductible		
Individual	No deductible	\$1,250
Family	No deductible	\$2,500
Out-of-Pocket Max		\$ 2,000
Individual	\$1,000	\$2,500
Family	\$3,000	\$5,000
Lifetime Max	Unlimited	Unlimited
	- Crimina	All benefits subject to deductible & all coinsurance applie
Office Visit Copayment		to OPM
Primary Care	\$30 copayment	10% coinsurance
Specialty Care	\$50 copayment	10% coinsurance
Preventive Care	No charge (100% covered)	No charge (100% covered)
Maternity	Tto charge (10070 00 tolou)	110 3/14/90 (10070 0010104)
Prenatal Care	No charge (100% covered)	No charge (100% covered)
Inpatient/Delivery	\$750 copayment	10% coinsurance
	φ. σο σορώμετα	1070 00111001100
Prescription Drugs		
Generic	\$10 copayment	\$10 copayment. (after deductible, applies to OPM)
Brand	\$30 copayment	\$40 copayment. (after deductible, applies to OPM)
	up to a 30-day supply	up to a 30-day supply
Self-Injectibles	20% coinsurance up to a \$75 max per script	20% coinsurance up to a \$100 max per script
Mail order	Up to a 90 day supply available for two copayments	Up to a 90 day supply available for two copayments
Inpatient Hospital	\$750 copayment	10% coinsurance
Outpatient / Ambulatory		
Care	\$150 copayment	10% coinsurance
Diagnostics		
Diagnostic Lab and X ray	100% covered	10% coinsurance
Therapeutic X-Ray	\$50 copayment per visit	10% coinsurance
MRI / CAT / PET	\$100 copayment per procedure	10% coinsurance
Emergency Care	\$100 copayment	10% coinsurance
Ambulance	20% coinsurance to max of \$500 / trip	10% coinsurance
After-Hours Care	\$50 copayment	10% coinsurance
Mental Health		
Inpatient Hospital	\$750 copayment	10% coinsurance
Outpatient Care	\$30 copayment	10% coinsurance
Chemical Dependency		
Inpatient	\$750 copayment	10% coinsurance
Outpatient Care	\$30 copayment	10% coinsurance
Physical, Occupational &		
Speech Therapy		
Inpatient Hospital	\$750 copayment per admit	10% coinsurance
Outpatient Care	\$30 copayment up to 20 visits per condition	10% coinsurance up to 20 visits per treatment per year
DME	Kaiser Permanente pays 100% up to \$5,000	10% coinsurance up to \$5000 per year
Oxygen	20% coinsurance	10% coinsurance
Organ Transplant	\$750 copayment per admit	10% coinsurance
Home Health Care	100% covered	10% coinsurance
Hospice Care	100% covered	10% coinsurance
Skilled Nursing Facility	100% sovered up to 100 days	100/ paincurance up to 100 days par year

Traditional HMO plan benefits that apply to the out-of-pocket maximum are inpatient hospital care, outpatient surgery and coinsurance benefits, such as ambulance.

100% covered up to 100 days \$30 copay—optometrist/\$50 copay—opthamologist

\$30 copayment / 20 visits per year

\$150 credit every 24 months

Skilled Nursing Facility

Chiropractic Care

Vision Care Exam

Vision Care Hardware

This summary is not a contract. It is for illustrative purposes ONLY. The contents of this form are subject to the provisions of the policy (EOC) which contains all terms, covenants and conditions of coverage.

10% coinsurance up to 100 days per year

\$150 credit after deductible is met/every 24 months

N/A

10% coinsurance / exam